



United Way of
Greater Kansas City

Shared Outcomes Planning
United Way of Greater Kansas City

Phase I: April-June 2009
Shared Outcomes and Indicators

Program Clusters:
Alternative Education
Domestic and Sexual Violence
Programming
Early Education
Emergency Assistance/Case Management
Older Adult Services
Parenting Education
Residential Treatment

Introduction

In February 2009 the Human Services Leadership Council and the United Way of Greater Kansas City announced the initiation of a project to develop shared outcomes based on United Way's Community Impact Agenda. This effort is designed to better enable United Way and its funded partners to communicate their collective impact in the community, to help inform future United Way funding priorities, to remove ambiguity from the process of seeking United Way funding and to share strategies among programs to support use of outcome data as a management tool for program performance assessment and improvement.

In recent months United Way convened currently funded programs in Parenting Education, Early Education, Alternative Education, Older Adult Services, Domestic and Sexual Violence Prevention and Intervention, Residential Mental Health Treatment, Emergency Assistance/Case Management and Substance Abuse Treatment for collaborative discussions to develop shared outcomes.

This work is the first phase of a 12-month effort to develop shared outcomes in all of the programmatic areas in which the United Way of Greater Kansas City invests funding. The work completed to date affects 30% of all funded programs and 41% of total 2009 program funding. Participation by funded agency representatives has been outstanding. Representatives of 93% of affected programs participated in the development of shared outcomes through attendance at meetings, advance preparation for those meetings, and written follow up.

Through a series of interactive meetings, funded partners were invited to share information to increase understanding about similarities and differences among like programs, to discuss approaches to outcome measurement in their agencies and their field, and to work together to craft shared outcomes. Participants were also invited to comment on materials drafted through this process before they were finalized.

Each cluster successfully identified outcomes that all participating programs agreed they could report to United Way. Several of these program clusters also identified common indicators. This document summarizes the shared outcomes (and when possible the shared indicators) for seven program areas (the substance abuse program cluster's work is still in progress).

United Way will use these shared outcomes to further define the Community Impact Agenda for use as a framework in making resource investment decisions. The shared outcomes and indicators will be incorporated into United Way's request for proposals, and programs seeking United Way funds will be asked to demonstrate how they help to achieve the specified outcomes for the people they serve.

During the coming year, United Way will convene its remaining funded partners to continue the development of shared outcomes.

Successful Children, Youth and Families

Children, youth and families achieve their full potential.

- **Children and youth are prepared for school, achieve academic success and are ready for a productive future.**
- **Parents and caring adults support positive, age-appropriate development of children and youth.**
- **Families are safe, supportive and free of family violence and abuse.**

Parenting Education

Note: Many parenting education program cluster participants expressed a desire to pursue common indicators that can be used to measure the shared outcomes. The high degree of diversity among parenting education programs, however, precluded identification of indicators that could be effectively shared by all programs in the cluster. Hence the indicators for this cluster will not be required reporting elements for United Way agencies.

1. Parents and caregivers strengthen knowledge of positive parenting skills.

Optional Indicator:

- a. *# and % of parents/caregivers with improved parenting skills and understanding of their child's development.*

2. Parents and caregivers expand their awareness of resources that support healthy family development.

3. Parents/Caregivers and children have more frequent positive interactions.

Optional Indicators:

- a. *# and % of parents engaged in positive activities with their children.*
- b. *# and % of participants who indicate at least 2 or more positive behavior changes in their child.*

4. Children live in safe and supported families that promote their healthy development.

Optional Indicator:

- a. *# and % of children who do not experience substantiated abuse or neglect.*

Early Education

1. Children attend early education regularly.

Indicator:

- a. *# and % of children attending 85% of available early education days.*

2. Parents are engaged in their child's education and development.

Indicators:

- a. *# of opportunities offered for parent involvement annually (may include in parent teacher conferences, parent/child activities, parent workshops, parent policy council, on-site parent volunteers or other opportunities).*
- b. *# and % of parents who participate in at least ____ (target # to be set by individual programs) of activities offered each year.*

3. Children will achieve developmental advancement and will be ready to benefit from academic, social and emotional activities provided at the next level of education.

Indicators:

- a. *# and % of children who achieve age appropriate cognitive milestones in math, science, social studies, literacy and creative expression.*

- b. # and % of children who display an understanding of literacy through the four modalities for communication: listening, speaking, reading and writing.
 - c. # and % of children who achieve age-appropriate milestones in physical development.
4. **Early Education programs participate in recognized quality improvement systems.**
Indicator:
 a. *The accreditation status and/or current QRS rating of the program*

Education for At-Risk Youth

A. Day Treatment Centers:

1. **Students maintain or show progress in academic performance.**
Indicator:
 a. *# and % of students with stable or rising grades in reading and math.*
2. **Students demonstrate fewer undesirable behaviors.**
Indicator:
 a. *# and % of students who show reduction in the number of incident reports for property damage, running away behavior and/or physical aggression.*
3. **Discharged students make progress toward treatment plan goals.**
Indicator:
 a. *# and % of students who made at least moderate progress toward their treatment plan goals.*

B. Alternative Schools:

1. **Students achieve gains in math and literacy skills.**
Indicator:
 a. *# and % of students whose standardized test scores rise at least one grade level by the end of the academic year.*
2. **Disciplinary incidents decline.**
Indicators:
 a. *# and % of students who have a decrease in the number of incident reports*
 b. *# and % of students who do not experience suspension due to disciplinary incidents.*
3. **Students graduate or complete their academic program.**
Indicators:
 a. *(high schools) # and % of students who began 12th grade who graduate.*
 b. *(grade schools) # and % of 8th grade students who enroll in high school.*
4. **Student retention is maximized.**
Indicator:
 a. *# and % of students who began the school year who remain enrolled at the end of the school year.*
5. **Student attendance improves.**
Indicators:
 a. *# and % of students whose attendance record improves at least 10%.*
 b. *# and % of students who meet minimum attendance standards.*

Domestic and Sexual Violence Prevention and Intervention

- 1. Clients have increased awareness of and/or access to community resources that support safety and well-being.**

Indicators:

- a. # and % of clients who have participated in services for at least two weeks who report increased knowledge of community resources.*
- b. # and % of clients who have participated in services for at least two weeks who have used at least one community resource.*

- 2. Participants increase their knowledge of domestic and/or sexual violence.**

Indicators:

- a. # and % of clients who demonstrate increased understanding about: the types of domestic and/or sexual abuse; power and control tactics; and, that domestic abuse is not the victim's fault.*

OR

- a. # and % of clients who demonstrate increased understanding about: the types of sexual violence; sexual trauma and its effects on people; and, that sexual violence is not the victim's fault.*

- 3. Clients increase their ability to plan for safety.**

Indicators:

- a. # and % of clients who report that they know more ways to plan for their safety than before their involvement with the program.*
- b. # and % of clients who develop a safety plan.*

- 4. Clients experience increased safety while in shelter.**

Indicators:

- a. # of bednights of shelter.*
- b. Average length of stay in bednights.*
- c. Median length of stay in bednights.*
- d. # and % of clients who report feeling safer two weeks or more after they entered the shelter.*

Healthy People, Healthy Communities

People and their neighborhoods are safe, healthy and thriving.

- People achieve better health by adopting healthy lifestyles and by accessing equitable, quality affordable health care (physical, mental and dental).
- People are engaged in helping their neighbors and neighborhoods thrive.
- People whose lives are affected by crime overcome barriers to regain healthy, productive lives.
- People of all ages avoid or overcome substance abuse and addiction to lead safe, healthy lives.
- Seniors and people with disabilities (mental, physical and developmental) overcome barriers to live as independently as possible.

Older Adult Services

- 1. Older Adults' ability to live independently will remain stable or increase.**

Indicator:

- a. # and % of clients who report they maintained or improved their ability to live independently due to services provided.*

- 2. Older Adults will have improved knowledge about and access to supportive services and community resources.**

Indicator(s):

- a. # and % of clients who report knowing more about or having better access to supportive services and community resources.*

- 3. Older Adults' isolation is prevented or reduced.**

Indicator(s):

- a. # and % of clients who report that participation in the program helped them avoid or lessen isolation.*

- 4. Older Adults' physical and/or mental well-being will remain stable or improve.**

Indicator(s):

- a. # and % of clients who report that participation in the program has had a positive impact on their physical and/or mental well-being.*

(Note: all the indicators above include data based on client surveys. Programs will report the survey response rate as well to provide an understanding about the proportion of participants who completed and returned the survey)

Residential Mental Health Treatment

- 1. Children/Youth and their families improve their social and emotional functioning.**

Indicator:

- a. # and % of participants demonstrating competency or improvement in critical skills, specific to the interventions utilized for each client.*

- 2. Children/Youth and their families increase their awareness of stabilizing resources in the community.**

Indicator(s):

- a. # and % of clients and/or their parents/caregivers who identify knowledge of community resources at discharge*

- 3. Children/Youth reduce or eliminate episodes of chronic dysfunctional behavior.**

Indicator:

- a. # and % of participants whose measurable positive social interaction increases.*
- b. # and % of parents/caregivers who report improvement in their child's behavior.*

- 4. Children/Youth successfully achieve treatment progress in a safe and supported living environment.**

Indicator:

- a. # and % of children/youth demonstrating progress toward achieving treatment plan goals and objectives.*
- b. # and % of children/youth completing treatment who are discharged to less restrictive environment.*

Safety Net

People facing chronic poverty, crisis or disaster access timely assistance to address life-sustaining basic needs, such as food, utilities, clothing and shelter.

Emergency Assistance/Case Management

A. Emergency Assistance:

1. Clients' immediate basic needs are met.

Indicators:

- a. # of households who receive food.
- b. # of households who sustain utility service for a minimum of 30 days.
- c. # of households who sustain housing for a minimum of 30 days.
- d. # of households who receive assistance to purchase medicine or supplies.

2. Client awareness is raised relating to community resources.

Indicator:

- a. # of clients who are provided information and/or referral for additional services or resources.

The following indicators are not required but are encouraged. United Way is interested in specific data that show programs' success in linking EA clients with longer-term assistance that supports greater financial stability.

- b. # of households screened for eligibility in mainstream resources (such as Food Stamps, Medicaid, Children's Health Insurance Program, child care assistance, Earned Income Tax Credit, etc.).
- c. # and % of households eligible for mainstream resource who are not currently enrolled.
- d. # of households identified as eligible and not currently enrolled in mainstream resource who are referred for enrollment. (NOTE: It is preferred that for this indicator, the number of referrals for each mainstream resource/public benefit be reported separately.)

The following outcome is still under discussion and thus is not required. United Way and MAAC will pursue options for developing a MAACLink report for indicator "b" that will identify the portion of clients who have maintained the same address over time (and thus achieved a form of housing stability). Because indicator "a" is very individualized, it will be up to individual agencies to determine a method for tracking the number of EA clients that the programs has assisted in moving to an improved housing situation. This may be tracked in MAACLink or through another method.

3. Clients helped more than once with housing expenses maintain housing.

Indicators:

- a. # of rent/utility assistance clients who move to an improved housing situation (Change in one or more of the following ways: better quality, safer, more affordable, more appropriate size or location, or with needed supports due to age or disability)
AND

- b. #of rent/utility assistance clients in the year reported who received assistance in a previous year and who continue to reside at the same address when receiving subsequent assistance*

B. Case Management:

1. Participants achieve housing stability.

Indicator:

- a. # and % of clients who achieve or maintain stable housing for a minimum of six months*
- b. # and % of clients who achieve or maintain stable housing for a minimum of twelve months*

2. Participants' economic security improves.

Indicators:

- a. # and % of clients achieving at least one of the financial goals in their plan.*
- b. # and % of clients who enroll in public benefits programs for which they are eligible*
- c. # and % of clients who paid all housing/utility bills on time for three consecutive months.*
- d. # and % of clients who opened a bank account.*
- e. # and % of clients whose earned income increased.*

Financial Stability

People achieve financial independence and stability.

- **People attain the education, life skills, employment and/or community resources needed to increase income and save for their financial security.**
- **People, including the homeless, live in safe, appropriate and affordable permanent housing.**
- **People access transportation to ensure mobility and quality of life.**

Program Clusters included under this Priority Outcome area will be included in Phase II of the Shared Outcomes project during the coming year.